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CONFIRMATION NO. 1726

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/800,572		623	3773	S63.2-6769US05

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**** CONTINUING DATA *******

This application is a CON of 09/197,278 11/20/1998 PAT 7,204,848
 which is a CIP of 08/511,076 08/03/1995 PAT 6,818,014
 which is a CIP of 08/396,569 03/01/1995 ABN

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

05/28/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	VB Initials	MN	17	8	2

ADDRESS

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 UNITED STATES

TITLE

Longitudinally flexible expandable stent

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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